



KFMC Rehabilitation Hospital Referral Form
(Please fill the form legibly and completely)

King Fahad Medical City
 Rehabilitation Hospital
 Saudi Arabia

Tel. No. 011.288.9999 Ext. 16929/16908 email: eligibility@kfmc.med.sa For Follow-up 800.127.7000

Referring Hospital:									
Patient's (Full) Name:						Age:		Gender:	
Saudi National ID Number (Attach legible copy please)									
Current Location:	<input type="checkbox"/> Inpatient: <input type="checkbox"/> ICU <input type="checkbox"/> Ward <input type="checkbox"/> Outpatient			MRN:					

Diagnosis:

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Date of Injury /Onset: / /
 Day / Month /Year

Past History and co-morbid conditions (please include surgical history):

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- **Pressure ulcers** No
 Yes (describe): Size Depth (Grade) Site:
- **Breathing status:** On Ventilator Tracheostomy On oxygen Room Air
- **Bladder:** Continent Incontinent **Bowel:** Continent Incontinent

Cognition Orientation Yes No Time <input type="checkbox"/> <input type="checkbox"/> Place <input type="checkbox"/> <input type="checkbox"/> Person <input type="checkbox"/> <input type="checkbox"/> Following Commands Yes No One step <input type="checkbox"/> <input type="checkbox"/> Two step <input type="checkbox"/> <input type="checkbox"/> Three step <input type="checkbox"/> <input type="checkbox"/> Complex <input type="checkbox"/> <input type="checkbox"/>	Conscious Level	
	Glasgow Coma Scale (GCS)	
	Eye opening	/4
	Verbal Response	/5
	Motor Response	/6
	Total	/15
	Cognitive Level	
	Rancho Los Amigos Scale	
	Level (Tick one)	Response
	<input type="checkbox"/> Level I	No Response
	<input type="checkbox"/> Level II	Generalized Response
	<input type="checkbox"/> Level III	Localized Response
	<input type="checkbox"/> Level IV	Confused-Agitated Response
	<input type="checkbox"/> Level V	Confused-Inappropriate Response
<input type="checkbox"/> Level VI	Confused Appropriate Response	
<input type="checkbox"/> Level VII	Automatic-Appropriate Response	
<input type="checkbox"/> Level VIII	Purposeful-Appropriate Response	

Psychiatric illness/Psychological status

- Does the patient have psychiatric illnesses
 No Yes, please specify
- Aggressive/agitated not controlled by medication.
- Aggressive/agitated but controlled by medication

- Swallowing Regular Diet Tube Feeding (NGT) PEG Tube Mechanical Soft Pureed
- Able to express Yes No
- Does the patient have the ability and will to participate in at least 3 sessions of therapy/day? Yes No

Has the family been explained about the nature and prognosis of disease: Yes No

Mobility:

- Bed Mobility: Independent Needs Help Total Care
- Transfer (*Bed to chair*): Independent Needs Help Unable
- Ambulation: Independent Needs Help Unable
- Distance: _____
 using walker
 cane
 wheelchair



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Musculoskeletal status (as muscle power, ROM and any deformities):

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Self-Care:

- Eating/Grooming: Independent Needs Help Unable
- Dressing: Independent Needs Help Unable

Current Medication:

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Ongoing Medical Management:

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Current MRSA Screening (within 10 days):	Status: <input type="checkbox"/> Stable <input type="checkbox"/> Unstable Means of Transportation: <input type="checkbox"/> Ambulant <input type="checkbox"/> Personal <input type="checkbox"/> Others
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Reason of Referral for Rehabilitation:

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Comments / Additional Information:

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In order to establish effective communication with you as the referring physician during all stages of Rehabilitation period at King Fahad Medical City (upon admission and just before discharge and in case if any significant changes on the patient's status), please provide us with your full contact details as follow:

Physician name:		Telephone No.	Ext.
		Fax No.	Ext.
Mobile No:		Email:	
Signature:		Date:	

Notes: Please review the below eligibility criteria for inpatient admission.

- Admission Criteria for Acute Inpatient Rehabilitation:**
1. The patient must be willing and able to actively participate in the rehabilitation program.
 2. The patient must have goals in at least two of the three major therapy areas (PT, OT and Speech)
 3. The patient must have the endurance to tolerate at least three hours of therapy over the course of the day.
 4. The patient must demonstrate the ability to carry over new information.
 5. The patient must be medically stable which mean:
 - a. Patient must be afebrile for 48 hours; may have low grade temperature if a source has been identified and a treatment plan is in place.
 - b. Patient must not require suctioning more frequently than every four hours.
 - c. Patients need to have a stable cardiac rhythm.
 - d. Patients who require oxygen must have adequate oxygen saturation on portable oxygen.
 - e. Patient must have no chest tube.
 - f. Patient must be off ventilator/continuous positive airway pressure (CPAP), except for treatment of sleep apnea.
 - g. The patient's medical work-up must be completed.
 - h. If a patient has nutritional, pain, or wound issues, they must be manageable and not interfere with therapies.